

# DIABETES IN LANCASTER COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program ◆ Chronic Disease Epidemiology Branch
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Lancaster county.

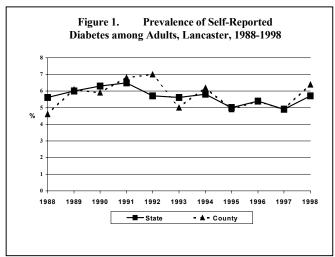
#### **Behavioral Risk Factors**

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Lancaster county and SC in 1998.

Table 1. Prevalence (%) of		
Behavioral Risk Factors for Diabetes		
	Lancaster County	SC
Overweight	57.3	52.3
Current Smokers	23.0	24.7
Physical Inactivity	63.5	61.6
Consuming fruits and vegetables		
less than 5-A-Day	74.4	78.2
High Cholesterol (199	7) 19.3	24.4
Hypertension (1997)	25.4	26.7
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## **Prevalence**

In 1998 there were approximately 2,818 adults (6.4%) aged 18 and older living in Lancaster county who have been told by a doctor some time in their life that they have diabetes (Figure 1).



# **Morbidity and Complications**

In 1997, there were 118 hospital discharges with diabetes as the primary diagnosis among Lancaster county residents. During the same year, there was an additional 846 hospital discharges with diabetes-related condition. Compared to whites, African-Americans had less hospitalizations for diabetes as the primary diagnosis - 45 (38%), and for diabetes as a related diagnosis - 261 (30%).

In 1997, hospital charges for hospitalizations of Lancaster county residents having diabetes as primary diagnosis were up to \$1.3 million and \$10.4 million for diabetes as a related condition. The total length of hospital stay for diabetes as the primary diagnosis was 830 days.

Lancaster county patients with diabetes who had diabetes-related complications in 1997 included:

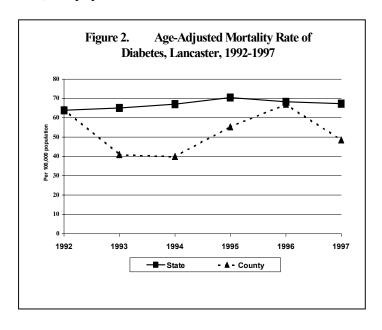
- 74 (7.9%) with renal manifestations;
- 36 (3.8%) with lower extremity amputations related to diabetes:
- 30 (3.2%) with diabetic ketoacidosis;
- 31 (3.3%) with renal failure;
- 12 (1.2%) with dialysis.

Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 927 hospitalizations for patients with diabetes, 726 (78%) had cardiovascular diseases, and 148 (15%) had stroke.

In 1997, there were 81 emergency room (ER) visits for diabetes as the primary diagnosis, among which 38 (46%) were for African-American patients. In addition, there were 146 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$60,108.

### **Mortality**

In 1997, diabetes was listed as the underlying cause of death for 15 residents of Lancaster county. This is an age-standardized mortality rate of 20.3 per 100,000 population, lower than the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 36 deaths in Lancaster county; a standardized mortality rate of 48.6 per 100,000 population.



A total of 190 potential years of life were lost

in 1997 because people died prematurely from diabetes. Diabetes mortality in Lancaster county follows the national pattern of diabetic mortality that African-Americans has higher mortality rates than whites. African-American men had the highest standardized mortality (121.7 per 100,000 population) among all race-sex groups.

#### Lancaster County Resources

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